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April/May 1983

# PLEASE RETURN The Habit

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PERIODICALS

ALCOHOL AND DRUG ABUSE DIVISION  
MONTANA DEPARTMENT OF INSTITUTIONS  
1539 11TH AVENUE, HELENA, MONTANA 59620  
(406) 449-2827

APRIL/MAY, 1983

STATE DOCUMENTS COLLECTION

JUN 7 - 1983

## EDITORIAL

By: Mike Murray

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The alcohol and drug dependency legislation considered by the 1983 legislative session indicates the state-wide concern with the many problems caused by possession and ingestion of chemicals. It appears that Montana residents will no longer tolerate inappropriate or abusive drinking. This change in public attitude is the result of a trojan effort of many with the MADD group way out in front leading the charge. Efforts to "do something" to alleviate abusive drinking ran the gauntlet of increasing the age limit, providing prevention funding, punishing passengers of drunk drivers, and taking a hard stand with DUI drivers. I believe when the public attitude condemns abusive drinking we will have made the ultimate stride in solving Montana's "most serious health and social problem." We need to project the concept that you don't need to drink to be "Montana macho."

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## ALCOHOL AND DRUG LEGISLATION AND THE 48TH LEGISLATURE

### Bills That Passed:

(Requested by Department of Institutions)

- |        |   |
|--------|---|
| HB 223 | A bill to increase the period of involuntary treatment of an alcoholic from 30 to 40 days.<br>Rep. Hammond Effective 10/1/83  |
| HB 279 | A bill to allow public and private alcohol programs to be state approved, deny private for-profit programs eligibility to public funds and eliminate intermediate care before inpatient care.<br>Rep. Hammond Effective 4/15/83                               |
| HB 312 | A bill giving the Department rule making authority in regards to county chemical dependency plans and changing the submission requirements for such plans to 4 years. (State and County Plans written for a four year period.)<br>Rep. Hart Effective 10/1/83 |
| HB 360 | A bill giving the Department the authority to administer both alcohol and drug abuse programs within the state of Montana and indicating a term "chemical dependency" which is inclusive of the term alcohol and drug abuse.<br>Rep. Hart Effective 10/1/83   |
| SB 190 | A bill to generally revise the reimbursement laws. (Provides collections for treatment at the Alcohol Treatment Center, Galen, will be deposited to the credit of the alcohol earmarked account.)<br>Sen. Hims1 Effective 10/1/83                             |

ALCOHOL AND DRUG LEGISLATION AND THE 48th LEGISLATURE (con't)Other Bills That Passed:

- HB 130 To prevent the manufacture, possession, sale, and advertisement of imitation dangerous drugs; authorizing the board of pharmacy to adopt rules; creating exemptions; and providing penalties.  
Rep. Stobie, et al
- HB 150 To grant the justices' courts jurisdiction over first offenses of criminal possession of marijuana and to alter the penalty.  
Rep. Peck, et al
- HB 250 To provide a mandatory term of imprisonment in the county jail upon a first conviction for driving under the influence of alcohol or drugs; providing for jail terms of consecutive hours; providing for jail terms of consecutive days for subsequent convictions.  
Rep. Vincent, et al
- HB 331 To establish the offense of criminal possession of a toxic substance.  
Rep. Pistoria
- HB 417 Updating the list of controlled substances contained in state law to conform with controlled substances listed in the code of federal regulation. ....; amending ....  
Rep. Metcalf
- HB 540 Revising and extending the geographical application of the laws prohibiting driving under the influence of alcohol or drugs; making it an offense to drive a motor vehicle with a blood alcohol concentration of more than .10; providing for the admissibility of evidence.  
Rep. Vincent, et al
- SB 107 To provide for basic levels of benefits under disability insurance policies and contracts for the care and treatment of mental illness, alcoholism, and drug addiction ....  
Sen. Blaylock, et al
- SB 195 Defining "hashish" for the purposes of the controlled substances laws....  
Sen. Crippen
- SB 260 To extend the laws relating to the operation of a motor vehicle while under the influence of alcohol to roads and parking areas adapted for public travel and used by the public with the consent of the owner....  
Sen. Halligan
- SB 313 Allowing an arresting officer to immediately seize the driver's license of any person refusing to submit to a chemical test....  
Sen. Halligan

Topical Summary of Legislation That FailedRevenue:

- HB 168 Rep. Pistoria - Lower percentage of liquor tax going to general fund and increase by a like amount the percentage given to alcohol earmarked account for treatment, prevention and rehabilitation of alcoholism.
- HB 796 Rep. Kemmis - Create a drug and alcohol abuse prevention grant program in the Department of Institutions funded by a surcharge on fines imposed on DUI fines.



Liability:

HB 170 Rep. Pistoria - Provide a good samaritan protection for those providing assistance to intoxicated persons and expanded list of places people could be taken.

Drinking Age:

HB 194 Rep. Swift - Constitutional Amendment raising drinking age from 19 to 21.

HB 195 Rep. Swift - Increase drinking age from 19 to 21.

Dangerous Drugs:

HB 398 Rep. Jensen - Would have provided that voluntary intoxication or drugged condition is not a defense to any criminal offense.

HB 403 Rep. Hand - Would have revised the sentences for possession of dangerous drugs.

DUI:

SB 188 Sen. Jacobson - Suspend driver's license of passenger(s) in vehicle operated by intoxicated person for 30 days.

HB 278 Rep. Kemmis - Prohibit issuance of restricted driver's license to person convicted of DUI.

HB 808 Rep. Kitselman - Would have allowed an arresting officer to immediately suspend driver's license of person refusing to submit to a chemical test.

HB 845 Rep. Kemmis - Requiring the Motor Vehicle Division in Department of Justice to revoke the driving privileges of anyone arrested driving with a BAC of 0.10 or greater and granting the arresting officer authority to seize the license at time of arrest.

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IMPORTANT RULE CHANGE

A recent change in the Certification Rules and Procedures is of importance to all registrants.

If you were hired by any alcohol and drug program on or after July 1, 1982, you will have one year from the date of your employment to become certified. If you were hired prior to July 1, 1982, you must be certified before July 1, 1983. Rules governing registration and the submitting of certification forms and documents remain the same. (Certification Standards, page 11 paragraph 2.)

It is important to remember that those persons hired after July 1, 1982, must be entering the field for the first time. If they were employed previously by any program, this ruling does not apply to them.

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## EVALUATION NEWS

Unfortunately CY '83 has not started out as a banner year for programs in terms of evaluation/approval scores. During the first four months of 1983, program scores have averaged below those scores given during the same time period in 1982. ADAD had anticipated low scores in 1982 due to implementation of new standards and evaluation procedures. Technical assistance was provided to all programs that received a restricted approval status in 1982; theoretically, scores should now be showing an upward trend but this is not occurring.

Below is a break-out of the most common problem areas noted during on-site evaluations and recommendations for correcting these problems. We hope these recommendations will help you in making your own corrections and increasing your overall scores. Also, feel free to contact ADAD with any questions you may have about the approval standards.

### ORGANIZATION/MANAGEMENT

#### 1. Goals and Objectives:

- ° Ensure that program goals and objectives contain effectiveness indicators;
- ° Monitor goals and objectives on a quarterly basis (present report to governing body);
- ° Amend goals that you cannot accomplish;
- ° Ensure all staff are acquainted with and understand programs goals and objectives.

#### 2. Program Self Evaluation:

- ° Be sure your program has a policy addressing self evaluation;
- ° Document results of self evaluation.

NOTE: ADAD recommends programs use the work papers contained within the evaluation manual. (Pages 153 through 193.)

#### 3. Policies, Procedures and Plans:

- ° Ensure your policy and procedure manual is up-to-date and that all revisions are approved by your respective governing body;
- ° Be sure your program has a policy on certification that addresses 2.3.209(3)(a)(b)(c) of the Administrative Rules of Montana (ARM).

#### 4. Accounting and Financial:

- ° Ensure there is documentation defining fiscal responsibility and a description of the bookkeeping system used by your program.

### PERSONNEL

#### 1. Certification:

- ° Ensure everyone has registered and that present staff are certified by July 1, 1983.

#### 2. Personnel Files and Staff Performance Evaluation:

- ° Ensure all personnel files contain required items, refer to 20-3-209(4)(6) ARM.
- ° Review files to make sure that all personnel evaluations are current.

#### 3. Staff Availability and Staff/Client Ratio:

- ° Review caseloads and ensure counselor/client ratios meet state requirements (especially outpatient component).



## EVALUATION NEWS (con't)

### TREATMENT COMPONENTS

Since the outpatient component is the most predominant and, at present, the most troubled of all care components, this section will address only those problems pertaining to outpatient treatment.

#### 1. Treatment Process and Services Provided:

- Group counseling is a service programs neglect to document. It is required that you identify and write progress notes for group.
- Termination and discharge of clients. Make sure that staff are aware that all clients are to be discharged on date of last contact and periodically review discharges to ensure compliance. (This is one of the most consistently abused items identified on evaluations.)
- Follow-up is another area that is consistently neglected by programs. Review your follow-up system and ensure data is being collected and tabulated.

#### 2. Required Policies and Procedures for Outpatient:

The following is a list of the most commonly overlooked policies:

- Admission Criteria
- Length of Stay
- Scope of Services.

#### 3. Client Census and Reporting:

- Program error rates, with a few exceptions, are totally out of hand. Your error rating should never exceed 5 percent per month.
- Reported vs documented census - On the Monthly Summary Report under Number of Active Clients Served During Report Month count only those people that have received a documented face-to-face counseling contact for the report month.
- Client Retention - Review your caseload and make sure that anyone who is retained in treatment over a year is staffed and a justification for continuation of treatment is documented in the client file.

#### 4. Client Records:

- Progress Notes - Ensure all active clients have progress notes and that the notes specify the type of contact.
- Relationship between notes and treatment plans - The major cause of this problem is the identification of treatment issues that are addressed in the progress notes but are not reflected on the treatment plan.
- Quality Treatment Plans - Treatment Plans should reflect all major treatment problems that have been identified and the corresponding services to be provided by the program.
- Treatment Plan Updates - All treatment plans must be updated every 90 days.
- Discharge Summary - All discharge files must have a summary which contains a summation of treatment, reason for discharge and an aftercare plan when applicable.

#### 5. Program Effectiveness:

- Individual Case Reviews - All active clients should be staffed every 90 days. The staffing note should contain specific treatment recommendations.
- Demonstration of Effectiveness - A majority of the programs have established effectiveness indicators; however, most are not tabulating their data to determine if they are accomplishing effectiveness goals.

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## SIGNED CODE OF ETHICS PART OF CERTIFICATION REQUIREMENTS

A signed copy of the Code of Ethics is considered a part of the certification process. If you have not included this item with your certification materials, please sign in the space provided and mail a copy to the Certification Section, Alcohol and Drug Abuse Division. Retain one copy for your personnel file. Each applicant for certification received a copy of the code along with all other forms. If you do not for some reason have one, and cannot obtain a Xerox copy, we will furnish a form upon request. This applies to people certified as well as those still in the process.

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## UNIVERSITY OF MICHIGAN RESEARCHER STUDIES CORRELATION BETWEEN LEGAL DRINKING AGE AND ALCOHOL-RELATED HIGHWAY ACCIDENTS

Hikes in the legal drinking age in Michigan and Maine were followed by significant drops in alcohol-related crashes involving young drivers in both states, beginning the first month after the changes were implemented, a University of Michigan researcher told a seminar for science writers in Washington, DC.

Alexander C. Wagenaar, of the University's Highway Safety Research Institute, reported that in Michigan, injury-producing crashes among drivers aged 18-20 were down about 20 percent in the first year following the raise in the drinking age from 18 to 21. He said this meant that some 1,100 fewer drivers injured than would have been expected without the age change. There was also a 17 percent decline in alcohol-related crashes that damaged property.

In maine, where the age was raised from 18 to 20, 18-19 year-old drivers were involved in 20 percent fewer alcohol-related crashes damaging property, according to Wagenaar.

Michigan and Maine reversed previous action lowering the legal drinking age, a trend noted by Wagenaar in the late 70s and early 80s when 16 states raised the legal age. In the early 70s, 29 states lowered the age, and a number of studies linked the lowered age to a rise in alcohol-related problems, particularly motor vehicle accidents, Wagenaar said.

Wagenaar cautioned that further research is needed before a blanket statement can be made that any state raising its drinking age can count on a decrease in crashes involving youth. Preliminary findings from two studies in Massachusetts, he said, have found no significant reductions in fatal crash involvement after the age was increased from 18 to 20. He cited as a possible reason the fact that four of five bordering states had minimum ages of 18 when Massachusetts implemented its change.

Moreover, he said raising the legal age does not eliminate the availability of alcohol to young people, noting that if increasing the age reduces alcohol-related crashes by 20 percent, by implication 80 percent of such crashes continue to occur.

- The Alcoholism Report

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Glue-sniffing really does eat your brain. A neurologist from Canada's Addiction Research Foundation compared the brain of toluene-sniffers to a shriveled walnut, and said memory and coordination can be permanently impaired. Evidence of liver damage subsided after two weeks of abstinence but nervous system damage appeared to be largely irreversible.

- Community Health CONNECTION

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## CERTIFICATION UPDATE

We wish to remind everyone who has submitted materials for certification, or who will be submitting materials, to furnish verification or documentation of all items listed on the various forms as soon as it is possible to do so. If your point summary work sheet shows that you are in category "D", it means that you have items that have not been verified. We cannot mail your certification of completion, even though you are fully certified, until such documentation has been received and placed in your file. Obtaining verification or securing college transcripts is often a time consuming procedure. Why not get started now?

Since publication of the last issue of the "HABIT" the following people have attained certified status.

Libby Artley	Missoula A/D Services	Missoula
Pam Anderson	Missoula A/D Services	Missoula
Louise Chaloupka-Belt	Shodair Adolescent	Helena
Linda Bofito	Rimrock	Billings
Pat Bresnahan	Rimrock	Billings
Ann Carter	Lewistown A/D Services	Lewistown
Karen Clark	Big Timber A/D Program	Big Timber
Rowan Conrad	CEDS	Missoula
Gary Hoffman	Rimrock	Billings
Marlene O'Connell	Providence	Great Falls
Donald Omdahl	District I	Malta
Mary Herak-Sand	FRACAP	Ronan
Ken Ingle	Park Co. Problem Drinking	Livingston
Lynn McComas	Rimrock	Billings
Pat Nelson	Galen ATS	Galen
Charlie O'Leary	Butte Drug Program	Butte
Karen Swanson	Lincoln Co. A/D Program	Eureka
Pat Williamson	SCMRMHC	Red Lodge
Robert Anderson	ADAD	Helena
Victor Clark	Mt. Deaconess Hospital	Great Falls
Carl McCoun	District III	Colstrip
Dale Samuel	Tri-County A/D Program	Dillon
Jo Anne Stanina	Mt. Deaconess Hospital	Great Falls
LeRoy Willard	FRACAP	Polson
Darryl Bruno	ADAD	Helena
Randy Hyde	Rimrock	Billings
Lynn Ramsey	SCMRMHC	Billings
James Connolly	Galen ATC	Galen
Chris Pazder	2nd Story Drug	Bozeman
Dennis Semprini	2nd Story Drug	Bozeman
John Bietenduefel	Tri-County A/D Program	Bozeman
William Korn	Glasgow CDC	Glasgow
Jo Kaste	Boyd Andrew Service Center	Helena
Kate Williamson	SCMRMHC	Red Lodge
Donald Erickson	Missoula A/D Program	Missoula
Ken Bofito	Boyd Andrew Service Center	Helena
Mary Helen MacAskill	Prison Program	Deer Lodge

To all of you we offer our sincere congratulations, and appreciation of your persistence and cooperation.

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To those of you to whom such things are of significance, the ADAD staff is now certified; three having Management/Supervision endorsements, four counseling endorsements. Certification is not a requirement for the three clerical staff members.

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### ADAD STAFF CHANGES

Candis Compton and Dick Rice are no longer with the Alcohol and Drug Abuse Division.

Candis held the title of Special Services Coordinator for the past few years. While she has had responsibility for monitoring treatment services of clients in alcohol and drug programs receiving Supplemental Social Security benefits because of disabilities due to alcohol and drugs, and providing training to supervisors in Employee Assistance areas, her primary responsibility has been the Montana Court School.

Candis has accepted a position in the Highway Traffic Safety Division of the Department of Justice and will continue to provide Court School related activities from that Department. Candis can be reached at 449-5412, or Highway Traffic Safety Division, 303 North Roberts, Helena, Montana.

Dick Rice, who held the position of Montana Drug Program supervisor, has joined the Comp Care Corporation in Butte at St. James Community Hospital. Dick started working in State government in 1970 when he held the position of Director of Social Services for the Montana Children's Center in Twin Bridges. In 1974 he became Psychiatric Social Worker for the Southwest Montana Drug Program until he was promoted to the position of Director of Treatment.

We would like to wish both employees success in their new endeavors.

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### FATHER MARTIN TO VISIT GLASGOW

Dave Brunelle, Director of the Frances Mahon Deaconess Hospital Chemical Dependency Center has announced that Father Martin will visit Glasgow in June to talk about Alcoholism and the Family.

WHEN: Monday, June 27, 1983  
TIME: 8:00 p.m.  
WHERE: St. Raphaels Center  
442 3rd Avenue North  
Glasgow, Montana  
SUBJECT: Alcoholism and the Family  
COST: \$5.00 admission (Refreshments will be served)

For further information you may contact Dave Brunelle at 524-6281.

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### SAN DIEGO SUMMER ALCOHOL AND DRUG STUDIES PROGRAM TO BE HELD IN JULY

A week-long conference for counselors, agency directors, social workers, health-care professionals and recovering alcoholics will be held July 10 through July 15, 1983, at the University of California, San Diego campus.

The San Diego summer school is designed to provide a practical learning and sharing experience for individuals professionally involved with the problems of intoxicant abuse. For brochures which describe the school's course content and enrollment procedures and fees you may write to:

Public Relations  
University Extension, X-001  
3300 Miramar Road  
La Jolla, CA 92037-9986

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## PUBLIC SUPPORTS DRINKING MODERATION CAMPAIGN

Americans accord a higher priority to the launching of a national educational campaign to encourage drinking moderation than to efforts to promote reduce smoking or proper diet and exercise, according to a new Gallup Poll. A majority of those surveyed also favored doubling the tax on alcoholic beverages as a means to help stop alcohol abuse.

The results were announced by George Gallup, Jr., president of the Gallup Organization, at a January 20 news conference held at the headquarters of the New York City Affiliate of the National Council on Alcoholism, which plans to initiate "a national effort to promote moderate and sensible drinking."

Philanthropist Laurence S. Rockefeller, who helped finance the poll as part of an effort with the Affiliate to promote the nation's health, said in a statement handed out at the news conference: "With the growing national interest in health and fitness, we should, as a people, be receptive to a national campaign whose goal is moderation of drinking."

Gallup said the chief problem confronting pollsters was the tendency of most people to support publicly anything they feel is a "good cause" regardless of possible private reservations. "Therefore, we did not simply ask people whether they would support a campaign against excessive drinking," he said. "Instead, we tested public support for a moderate drinking campaign against two other proposals that appear socially desirable--one aimed at cutting cigarette smoking and another designed to promote a proper diet and exercise program."

"Sixty-eight percent of 1,039 adults questioned throughout the nation last summer rated an educational campaign aimed at fostering drinking moderation 'very important' and, in all, 90 percent said it was at least 'somewhat important'," Gallup said. "In contrast, just 61 percent of respondents rated as 'very important' a program to eliminate smoking and only 54 percent took that position on a proper diet and exercise program."

Gallup also reported these other findings from the poll:

--Fifty-six percent of respondents named at least one type of alcoholic beverage on which they favored doubling the federal tax, with an increase on distilled spirits drawing the most support (54 percent) and beer and wine 49 percent.

--Sixty-two percent of respondents said they would like to see the major political parties support a moderate drinking campaign in their platforms, and 59 percent said they would be more likely to vote for a candidate who supported such a campaign.

--Sixty-one percent of respondents favored a federal regulation requiring labels on alcoholic beverages that disclose calories and ingredients.

NYA Executive Director Allan Luks said as its "first step" the organization plans to press for a proposed city law requiring liquor stores and supermarkets to display posters warning of possible dangers of drinking during pregnancy.

"If passed, we hope it will be copied nationally and lead ultimately to a federal law requiring similar warnings on all alcoholic beverage containers, which hopefully, will lead in turn to other federal education and tax efforts to change America's drinking habits."

The New York City Affiliate plans to teach people to set specific drinking limits for themselves, with no more than two drinks on an occasion, and to promote dealcoholized wines, higher alcohol taxes and expansion of laws that pressure alcoholics into treatment after drunk driving arrests or other drinking-related matters that bring them into court. (NYC Affiliate, NCA, 133 E. 62nd St., New York, NY 10021; 212/935-7075)

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## NIDA ANNOUNCES TOLL FREE NUMBER FOR PREVENTION TECHNICAL ASSISTANCE

Effective April 15, 1983 the Prevention Branch of the National Institute on Drug Abuse will have an 800 toll free number to provide technical assistance to parent groups, schools, service organizations, local and State governments, private industry and other prevention related groups.

Technical assistance on how to develop, plan, deliver and evaluate prevention programs is available. Emphasis on utilizing local resources and linking with existing networks is a key strategy. NIDA supports the growth of local programs and further exploration of existing demonstrated prevention approaches.

As a further evolution of the Pyramid Project, Prevention Branch staff will provide both off-site and on-site technical assistance. The off-site technical assistance will be in response to calls on the 800 toll free line and to letters requesting assistance in curriculum or program development. On-site technical assistance will consist of identification and partial financial support for consultants to provide a direct service in prevention strategy design or delivery. The Branch has technical assistance days available on a cost-sharing basis through the Pyramid Project contract; the effective date of this new contract is estimated to be May 1, 1983. In addition, Prevention Branch staff continues to provide on-site technical assistance upon request.

NIDA's Division of Prevention and Communication has fostered collaborative efforts among local community programs, and their Single State Agencies, as well as national coalitions of major service organizations. The toll free number is one approach demonstrating the Division's commitment to prevention.

(800) 638-2045

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## SIMILAR DEFICIENCIES NOTED ON TAPED WORK SAMPLES

After having reviewed 162 tapes through the period ending April 21, 1983, the panel of judges has identified the following reasons contributing to the majority of failing grades.

1. FAILURE TO ADHERE TO THE 25 ITEMS used to rate the tapes. This results in an unacceptable number (more than five) of "can't rate" items.
2. POOR SOUND QUALITY TAPES in which either the counselors' or clients' voice is inaudible. Our recorder cannot correct this.
3. BREAKS IN THE TAPE resulting from turning the recorder off and on. Each tape must be a continuous recording of the session. Any break in the continuity of the session should be followed by an acceptable explanation, of which there are very few.
4. AA MEETINGS with the client. We certainly recognize that AA is an integral part of treatment. It is not, however, counseling. The AA taped session addresses only one of the 25 items contained in the guidelines, and removes AA from the self help concept.
5. ROLE PLAYS NOT LABELED AS SUCH. We are receiving an increasing number of tapes that are obviously role plays but are not designated as such. Please have your program director attest to the nature of the session, i.e., real client or role play.

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## NAT'L ACADEMY CALLS POT 'SERIOUS NATIONAL CONCERN'

In recent months, the long-awaited study MARIJUANA AND HEALTH was released by the Institute of Medicine of the National Academy of Sciences. The study, which concluded that marijuana adversely affects a number of physical and psychological functions, dispelled, once and for all, the myth that marijuana is a harmless drug.

According to the study committee's chairman, Dr. Arnold Relman, editor of the "New England Journal of Medicine", the study found widespread use of the drug "justifies serious national concern." Considering the extent of marijuana use and the funds available for research on other illicit drugs, the committee expressed serious concern about the amount of government support for marijuana research. They noted the vital need for more information and pointed out that marijuana's components and their metabolites "remain in the body for long periods of time, accumulating at levels that may be far higher than the levels after a single dose."

While concern was expressed about the effects of marijuana on the major organ systems, the committee reserved its strongest warnings for the effects of the drug on behavior. The study makes clear how marijuana impairs functions essential to the operation of cars or machinery. Their impairment, the study notes, may involve "a substantial risk" to the user until intoxication has passed.

Marijuana also impairs short-term memory, slows learning and distorts judgment, says the study, which also notes the confusion that many marijuana users experience. "These effects are particularly disturbing," write the authors, since "much of the heavy use of marijuana, unlike alcohol, takes place in school--where effects on behavior, cognition, and psychomotor performance" combine to put the user at definite risk.

Noting that "chronic relatively heavy use of marijuana is associated with behavioral dysfunction and mental disorders in human beings," the committee recommended further studies to demonstrate precisely how self-selection and drug effects are responsible for the motivational problems and use of other illicit drugs seen in some chronic marijuana users.

Looking for signs of physical dependence, the committee found that daily users may suffer a withdrawal syndrome marked by irritability, agitation, insomnia, and measurable changes in brain activity. Like heavy cigarette smoking, chronic heavy marijuana use can seriously impair lung function and existing evidence strongly suggests that regular pot smoking may lead to cancer of the respiratory tract. Evidence also suggests strongly that the smoking of marijuana causes acute changes in the heart and circulatory system similar to those produced by stress.

The study concludes that Delta-9-THC (the major psychoactive chemical in marijuana) produces a decrease in certain pituitary hormones, along with decreases in sperm production in men and inhibition of ovulation in women. The actual clinical effects of the drug on fertility, however, remain unclear. Delta-9-THC is known to cause birth defects when administered in large doses to experimental animals but there have been no conclusive studies demonstrating this danger to human offspring. Still, the report suggests the possibility of undetected, low-level damage to the children of pot-smoking mothers.

The Institute of Medicine report raised considerable controversy. Many critics felt it selectively emphasized findings that place marijuana in an unfavorable light. Others believed its findings too tentative in many of its conclusions.

In spite of its rigid standards of proof and the exclusion of anecdotal evidence not supported by published data, the Institute concluded that "what little we do know for certain about the effects of marijuana on human health - and all that we have reason to suspect - justifies serious national concern."

- The Phoenix House News

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